

LBTC Client Application for Space

Company Name: _____

Company Representative: _____

Location(s) Requested:

Building _____ Room(s) _____

Total Square Footage Requested: _____

When is space needed (represents date lease will start) : _____

Please Check All That Apply:

☐ Would like to keep space in current location and add additional space
Current location and square footage: _____
Additional square footage requested: _____

☐ Would like to relinquish space in current location and acquire space in new location

☐ Do not currently have space in a LBTC Facility

☐ Would be willing to split the space between two or more locations
Indicate division preference if any: _____

What operations will you perform in the requested space and how much space is needed for each type of operation?

Office _____
Production _____
Other _____

Research _____
Storage _____

Please describe any special needs, in detail, on a separate sheet.

Client Signature (name, title)

Date

For Administrative use only

Approved: _____ Declined: _____ Reason request declined: _____

Signature of Authorization _____ Date: _____